

COURSE REGISTRATION FORM



CONTACT INFORMATION

(Please Print)

Check One:	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Kinship Parent	<input type="checkbox"/> Adoptive Parent
NAME:			
ADDRESS:			
CITY, STATE, ZIPCODE:			
EMAIL ADDRESS:			
TELEPHONE #:			
CELL PHONE #:			

TRAINING REGISTRATION INFORMATION

COURSE#	COURSE TITLE	COURSE DATE

**You can register for classes for the entire year!
Please complete and mail this registration form to:**

**CFSA, Child Welfare Training Academy
400 6th Street, SW, Room 3107 ATTN: MARGIE BROWN
Washington, DC 20024-2753**

or

Fax: 202-698-6169

Or email it to: cwta.training@dc.gov